



HAWAII STATE ETHICS COMMISSION
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P.O. BOX 616, HONOLULU, HAWAII 96809
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Toguchi,	Charles,	T.	(808) 239-1271
MAILING ADDRESS (Street)			FAX
47-640 Hui Ulili Street			(808) 239-1271
(City)	(State)	(Zip Code)	
Kaneohe,	HI	96744	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Charles T. Toguchi & Associates, LLC			(808) 239-1271
MAILING ADDRESS (Street)			FAX
47-640 Hui Ulili Street			(808) 239-1271
(City)	(State)	(Zip Code)	
Kaneohe,	HI	96744	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Hawaii Health Systems Corporation		733-4020
MAILING ADDRESS (Street)		FAX
3675 Kilauea Avenue		
(City)	(State)	(Zip Code)
Honolulu,	HI	96816
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Kelley C. Roberson		733-4171
MAILING ADDRESS (Street)		FAX
3675 Kilauea Avenue		
(City)	(State)	(Zip Code)
Honolulu,	HI	96816

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Charles J. Loquache
(Signature of Lobbyist)

1-21-05
(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Kelley C. Roberson		Chief Operating Officer / Chief Financial Officer	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Hawaii Health Systems Corporation		733-4171	
MAILING ADDRESS (Street)		FAX	
3675 Kilauea Avenue		733-4167	
(City)	(State)	(Zip Code)	
Honolulu,	HI	96816	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
<u>Kelley C. Roberson</u> (Signature of Authorizing Officer or Person Represented)		<u>01/26/05</u> (Date)	